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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/687,865	10/17/2003	T. Wade Fallin	MED-1 CON CIP

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CONFIRMATION NO. 9572



OC000000014749381

Date Mailed: 12/14/2004

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 11/26/2004.

- The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

JOHN S DILL
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44270
MEDICINELODGE INC.
180 SOUTH 600 WEST
LOGAN, UT 84321

CONFIRMATION NO. 9572



OC000000014749385

Date Mailed: 12/14/2004

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 11/26/2004.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

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